



CAISTOR RURAL DISTRICT COUNCIL

BRIEF ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

R.J.R. MECREDY, B.A., M.B., B.Ch., B.A.O., D.P.H.

FOR THE YEAR 1948

TOGETHER WITH

THE STATISTICAL REPORT OF THE CHIEF SANITARY INSPECTOR

D. DRAKES, M.R.S.I., M.S.I.A.

31st December, 1948.



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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

To the Chairman and Members of the

CAISTOR RURAL DISTRICT COUNCIL.

Mr. Chairman and Gentlemen,

I beg to submit my Annual Report for the year 1948.

In general I think the detailed reports as submitted in the following pages indicate that the general health and welfare of the District is steadily progressing. In particular I would like to allude to the Council's plans to provide a water supply in every parish.

The Housing position has also steadily improved.

It should also be noted that approximately one quarter of all houses in the District have water closets installed. With the completion of the Tealby Scheme and the sanction awaited for the commencement of schemes in the parishes of Osgodby, Waddingham, Snitterby and Keelby, a further step forward will be recorded in the sanitary state of the District.

The extent of which refuse collection can be extended to every parish is still under consideration.

The position as regards immunisation against diphtheria can be regarded as satisfactory. Only one case of diphtheria (in an adult) was notified.

Whooping Cough and Measles remain the commonest of the infectious diseases.

I attach an appendix to the report which deals with the health and dental state of children in this area.

I wish to say that Mr. Marrows', Clerk to the Rural District Council, report to the Local Government Boundary Commission has been invaluable to me in the presentation of this report.

I also wish to thank Mr. D. Drakes, Senior Sanitary Inspector, for his detailed help and reports. It is obvious that the work as listed in his report could not have been completed without the loyal assistance of his Assistant Sanitary Inspector and a capable office staff. Mr. Dixon, Waterworks Manager, has also given me help in the compilation of the report on water supply.

In conclusion I wish to thank the Chairman and the Public Health Committee of the Council for their help and co-operation in my work.

I am,
Your obedient Servant,

R.J.R. MECREDY.

Medical Officer of Health,
Caistor Rural District Council.

SECTION A.

VITAL AND GENERAL STATISTICS.

It will be noted that there has probably been a slight decline of the population of the area between 1931 and 1948.

Live births have fallen slightly from the figure for the previous year. On the other hand the Infant Mortality Rate has shown a decrease.

The Death Rate for the population as a whole has also decreased.

THE CLISTOR DISTRICT consists of 40 Parishes and covers an area of 119,992 acres. It is entirely agricultural.

Population 1921 Census	-	12,670.
Population 1931 Census	-	12,648.
Population 1948. Registrar General's.	-	12,520.

The rateable value of the District on the 1st April, 1948, was £28,070 and the product of the penny rate £163 13s.6d. for the year ending 31st March, 1949.

EXTRACT FROM VITAL STATISTICS FOR THE YEAR, 1948.

Total Live Births	...	...	...	...	...	217.
Birth Rate: per 1,000 estimated	...	...	...	...	...	17.457.
resident population mid 1948						
Rate: per 1,000 total (Live and Still)	...	...	...	...	...	17.699.
Death Rate: per 1,000 estimated average population	...	...	...	...	...	10.539.
Deaths of Infants under 1 year of age	...	...	...	...	...	10.

DEATHS FROM PUERPERAL CAUSES.

Puerperal Sepsis	0
Other Puerperal Causes	<u>0</u>
T o t a l.	<u><u>0</u></u>

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All infants per 1,000 live births	...	...	...	...	46.082.
Legitimate infants per 1,000 legitimate births	...	...	...	...	44.554.
Illegitimate infants per 1,000 illegitimate births	...	...	...	...	66.666.
Deaths from Cancer (all ages)	...	...	...	...	17.
Deaths from Measles (all ages)	...	...	...	...	--
Deaths from Whooping Cough (all ages)	...	...	...	...	1.
Deaths from Diarrhoea (under 2 years of age)	...	...	...	...	--

CAUSES OF DEATH IN CAISTOR RURAL DISTRICT, 1948.

(CIVILIANS ONLY)

Causes of Death.	Male.	Female.
<u>All Causes.</u>	<u>70</u>	<u>61</u>
1. Typhoid and Paratyphoid Fevers.	-	-
2. Cerebro Spinal Fever.	-	-
3. Scarlet Fever.	-	-
4. Whooping Cough.	-	1
5. Diphtheria.	-	-
6. Tuberculosis of the Respiratory System.	1	-
7. Other Forms of Tuberculosis.	1	-
8. Syphilitic.	-	-
9. Influenza.	-	1
10. Measles.	-	-
11. Ac. Polio-Myelitis and Polioencephalitis.	-	-
12. Ac. Inf. Encephalitis.	-	-
13. Cancer of Buc. Cav. and Oesoph Uterus.	-	2
14. Cancer of Stomach, Duodenum.	2	1
15. Cancer of Breast.	-	3
16. Cancer of all other sites.	5	4
17. Diabetes.	2	1
18. Inter-Cranial Vascular Lesions.	5	8
19. Heart Disease.	19	17
20. Other Diseases of Circulatory System.	3	2
21. Bronchitis.	1	1
22. Pneumonia.	1	4
23. Other Respiratory Diseases.	-	1
24. Ulcer of Stomach, Duodenum.	-	-
25. Diarrhoea, under two years.	-	-
26. Appendicitis.	-	-
27. Other Digestive Diseases.	-	2
28. Nephritis.	3	-
29. Puerperal and Post. Abort. Sepsis.	-	-
30. Other Maternal Causes.	-	-
31. Premature Birth.	3	2
32. Con. Mal. Birth Inj. Infant Disease.	1	-
33. Suicide.	2	1
34. Road Traffic Accidents.	5	-
35. Other violent causes.	2	2
36. All other causes.	14	8

SECTION B. GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

(From July 5th 1948).

1. Mental Illness - Treatment will be arranged in conjunction with the Regional Hospital Board Supervision and aftercare will be carried out by specially trained workers employed by the County Council.

Mental Defectives - The County Council through the Regional Hospital Board will make arrangements for the institutional care of mental defectives.

The County Council remains responsible for the care and supervision of mental defectives in their own homes.

2. Laboratory Facilities.

Examinations are carried out at the Public Health Laboratory, St. Edmund's Chambers, Bank Street, Lincoln, and at Grimsby and District Hospital.

Diphtheria Anti-toxin, Anti-typhoid Serum, and Scarlet Fever Streptococcus Anti-toxin are supplied by the District Council.

3. Ambulance Facilities, Under National Fire Service.

An Ambulance can be obtained either through the patients' Doctor or Nurse or in the event of emergency by asking the Telephone Operator for the Ambulance Station.

SUMMARY (for reference) OF NURSING ARRANGEMENTS, HOSPITALS, AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

Nursing in the Home.

All District Nurses now come under the authority of the Lindsey County Council.

Clinics and Treatment Centres.

Treatment and aftercare of tubercular cases now comes under the Regional Hospital Board. School Clinics remain under the charge of the Lindsey County Council.

Hospitals - Isolation.

Osgodby Infectious Disease Hospital and Scarthoe Infectious Disease Hospital at Grimsby handled all such cases to the end of 1948.

Smallpox cases are dealt with by the Regional Hospital Board.

Midwifery and Maternity Services.

Administered by the Lindsey County Council.

Health Visitors.

The duties of the above are performed through the Lindsey County Council.

Infant Life Protection.

The duties of the above are performed through the Lindsey County Council.

Arrangements for Dental, etc., cases by the Lindsey County Council.

Registration of Nursing Homes by the Lindsey County Council.

Orthopaedic cases are now seen at the various hospital outpatient departments.

Home Help Service - Full time and part-time home helps are now available in the District (Lindsey County Council).

SECTION C.

NOTIFIABLE DISEASES: 181 cases were notified during the year as against 172 in 1947 and 176 in 1946.

Measles remained practically stationery with 115 cases as against 114 in 1947 and 111 in 1946.

Whooping Cough on the other hand showed a marked increase to 48 cases as against 7 cases in 1947. In 1946 there were 13 cases. It should be emphasized however that a very large number of cases of whooping cough are never notified for one reason or another. One death from whooping cough was recorded.

Scarlet Fever has showed a very marked drop to only 5 cases as against 32 in 1947 and 29 in 1946.

Only one case of diphtheria was notified in an adult.

Only 3 patients were admitted to Infectious Disease Hospitals during the year.

208 children were immunised for the first time. Re-immunisations amounted to 453. The latter figure shows a considerable increase from 50 in 1947.

The number of tubercular cases notified showed practically no change with 15 notifications as against 14 in 1947.

TUBERCULOSIS.

	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	-	-
5	1	-	1	1	-	-	-	-
10	-	2	2	1	-	-	-	-
15	-	1	-	1	-	-	-	-
20	-	-	-	1	-	-	-	-
25	-	1	-	-	-	-	-	-
35	1	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	1	-	-	-	-	-	-	-
65 and upward.	1	-	-	-	1	-	-	-
Totals.	4	4	4	3	1	-	-	-

ADMISSIONS TO HOSPITALS.

3 Cases were admitted to the Hospital during the year.

Diphtheria	1
Scarlet Fever	1
Impetigo	1

[illegible]

SECTION D.

Water Supply.

20 parishes with a total population of 7,916 are at present provided with a piped water supply.

These are tabulated in detail in the following table.

After the passing of the Rural Water Supplies and Sewerage Act, 1944, a scheme was submitted to the Ministry of Health to provide a piped supply to every parish not already provided with this service.

Three large sections of these proposals are now in course of construction and should be completed next year.

The following 10 parishes will be provided with piped supply by these schemes, viz:

Bishop Norton, Glentham, Snitterby, Waddingham, Riby, Limber, Rothwell, Swallow, Cabourne and Keelby. The total population of these parishes is 3,278.

The above existing supply and work in hand mean that 89% of the total population will live in parishes with a piped water supply.

The remaining population in parishes not included in the above amounts to 1,326.

In addition to the above supplies there are however a few houses in Swinhope parish and about 10 in Kirmond-le-Mire on private pipe lines.

At the end of the year about 12 miles of the new mains had been laid and in general progress has been satisfactory.

It will be noted from the following table that Brocklesby and Holton-le-Moor have a private piped supply of satisfactory quality and volume. In Limber parish a private supply from standpipes was available.

As noted in my report for 1947 the position in the parishes of Tealby and Middle Rasen (supplied by the Market Rasen Water Company) continues to be unsatisfactory. The supply has been intermittent at times and the pressure is always low.

Parts of Tealby village have been frequently without water for considerable periods.

6 chemical and 6 bacteriological tests were made of the piped water supply - all were satisfactory.

Chemical tests continue to show marked hardness of the water.

10 bacteriological tests made of private supplies - wells, bores and springs were unsatisfactory.

16 further bacteriological tests of private supplies were satisfactory.

2 chemical tests of private supplies were unsatisfactory.

Action was taken in five of the above unsatisfactory cases to improve the supply.

In one case 20 houses were changed over from an unsatisfactory private supply to the mains.

WATER SUPPLY FROM MAINS BELONGING TO THE
COUNCIL.

<u>Parish.</u>	<u>Total Population.</u>	<u>Supplied Houses.</u>	<u>Population.</u>
Caistor.	1519	447	1412
Bigby.	221	16	73
Grasby.	361	91	310
Nth. Kelsey.	790	174	693
Sth. Kelsey.	460	84	316
Searby & Owmby.	166	31	109
Osgodby.	489	127	386
Owersby.	384	56	294
West Rasen.	150	24	89
Toft Newton.	137	19	106
Buslingthorpe.	80	13	59
Nettleton.	489	70	390
Somerby.	77	10	36
Walesby.	256	52	172
Claxby.	189	35	120
Normanby.	83	12	48

PARISHES SUPPLIED BY THE MARKET RASEN WATER COMPANY.

Tealby.	595	460
Middle Rasen.	1086	808

PRIVATE SUPPLY.

Holton-le-Moor.	176	170
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BROCKLESBY ESTATE SUPPLY.

Brocklesby.	202	202
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Total Houses and
Population supplied
by Standpipes.

Limber	358	339	43	150.
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SECTION E.

Sewerage and Sewage Disposal.

The Parishes of Caistor and North Kelsey have separate sewerage systems. Middle Rasen has a joint scheme with the Market Rasen Urban District.

Partial schemes without full treatment are provided in the Parishes of Keelby, South Kelsey and Tealby.

Work has been commenced on a complete sewerage scheme for the Parish of Tealby.

Schemes for the Parishes of Osgodby, Waddingham and Snitterby and Keelby have been submitted to the Ministry of Health for approval.

Approximately 947 houses in the Rural District have water closets installed. There are approximately 3008 houses with either privy vaults or pail closets. The exact number of these will not be known until the completion of the Housing Survey in the District.

Refuse Collection.

A system of refuse collection (both wet and dry) is in operation in the parishes of Caistor, Nettleton, Keelby and Brocklesby. The population served is approximately 25% of the District.

In the remainder of the area there is a collection of tins and bottles for the time being.

SECTION F.

Housing.

58 Council Houses were completed for the Rural District Council during the year and 17 were privately built making a total of 75 in all.

34 houses were completed in 1947. 259 Council Houses were in occupation at the end of the year.

The total number of properties categorized under the Rural Housing Survey is now 1,439. 192 properties were categorized during 1948.

36 reconditionings classed as conversions and adaptations to existing private property were completed during the year.

These provided 42 separate units of family accommodation. The standard always included the provision of hot water, bathrooms and water closets.

Licences were issued during the year for over £11,000 of major repairs. This does not cover unlicensed (under £100 per dwelling) work which amounted to a considerable figure.

SECTION G. GENERAL.

Rodent Control.

The Council join with the Brigg Urban District Council and Market Rasen Urban District Council employing a full time operator. Control over tips, sewers and sewage works is satisfactorily maintained.

Supervision of Food Premises and Dairies.

More work has been done in this respect than for some time. Ice cream premises, fish and chip shops and catering establishments generally have received much attention with a resultant rise in standards of cleanliness.

Joint Inspections with the Milk Production Officer of the N.A.A.S. and a farmer representative of the L.L.E.C. was carried out in respect of all new milk produceers.

Further details of the volume of work done can be seen in Mr. Drakes' complete report.

Town and Country Planning Act, 1947.

The implementation of this Act continues to add to the volume of work which falls on the staff.

PUBLIC HEALTH DEPARTMENT.

PARTICULARS OF INSPECTIONS DURING THE YEAR.

<u>Infectious Diseases.</u>	<u>1948.</u>
Investigations.	22
<u>Verminous Premises.</u>	
Inspected.	12
Re-inspections.	6
<u>Housing (Public Health and Housing Acts).</u>	
Houses inspected.	40
Houses re-inspected.	15
<u>Council House Management.</u>	
Tenancies.	326
Repairs and Maintenance.	322
<u>Houses categorized under Survey.</u>	192
<u>New Buildings - Inspections.</u>	251
<u>Inspections in relation to Food.</u>	
Bakehouses.	4
Cowsheds.	125
Food Premises including Fish & Chip Shops & Catering Establishments.	36
Ice cream premises.	3
<u>General Sanitation.</u>	
Accumulations.	6
Refuse Collection.	354
Drainage, including tests.	386
Factories Act (Sections 1 - 8).	30
Water supply.	46
Water samples.	38
Other nuisances.	9
Dangerous buildings.	3
<u>Moveable Dwellings (including squatters).</u>	39
<u>Unsound Food.</u>	<u>5</u>
<u>Totals.</u>	<u>2270</u>

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APPENDIX A.

Health and Dental State of Children.

The survival of our civilisation may possibly be more dependent upon our adjustment to our changing dietetic habits than upon the coming of the atomic bomb.

My experience with 'native' races - Arabs, Persians, and Maoris - has inclined me to believe that the more these races adopt the dietetic habits of the European or 'white' races the more they suffer from some diseases which are so common in our western civilisations.

I allude in particular to dental caries and also the various gastric and intestinal disorders which are so common today.

The figures which I now present to you will show that the dental state of the children in this area, I have examined is far superior to that of the children in New Zealand examined between 1921 - 31. (So far as I know there has not been any improvement in this respect in New Zealand of recent years). In my opinion the state of the children's teeth in this area has been benefited by the rationing restrictions which still exist, in particular I suggest that the reduction in the amount of sugar, sweets, biscuits and the closer approach to a wholemeal loaf have been largely responsible for this improvement since 1939. Other factors which have certainly helped have been the provision of various 'extras' for pregnant and nursing mothers, and for the pre-school infant, and in addition the increasing provision of milk for school children.

A routine examination of 1,296 children in the three age groups 5 +, 11 + and 14 +, (years) old was made. I found that 21.6% of 481 children in the 5 + age group had perfect sets of teeth. In 472 children of the 11 + age group 10.4% had perfect sets of teeth. In 543 children of the 14 + age group 18.3% had perfect sets of teeth.

In New Zealand the average number of children with perfect sets of teeth never exceeded 5% for any age group examined between 1921 - 31. There was no appreciable difference in the number of boys and girls with perfect sets of teeth or, conversely, in the extent of dental caries in the sexes.

I kept a record of the extent of the dental caries of 567 children in the same three age groups.

In 199 children of the 5 + age group there was an average of 3.7 carious or treated teeth. In 152 children of the 11 + age group there was an average of 2.5 carious or treated teeth per head, and in 216 children of the 14 + age group there was again an average of 2.5 carious or treated teeth per head. (This is very much better than comparative surveys made by me in New Zealand between the years of 1921 - 31 when the average amount of caries varied between 6 and 8 per head and tending to rise towards the 1930's).

In other respects the nutrition of children in this District appears to have improved since 1939. I did not see so many children in 1948 who could be said to show signs of malnutrition as in the early years of the war.

